

PATIENT CONSENT FORM

The PLACIDE study

Probiotic Lactic acid bacteria and Antibiotic-associated and C diff Diarrhoea in the Elderly

Name of Researcher: Dr S Allen

Please initial boxes

1. I confirm that I have read and understand the patient information sheet version 4 dated 29 April 2008 for the above study had have had the opportunity to consider the information, ask questions and have had these answered satisfactorily
2. I understand that I am being invited to take part in a research study. I have not received any investigational drugs within the last four weeks and I am not taking part in any other research study at this time. I understand the risks and benefits, and I freely give my informed consent to participate in the research study described in this form, under the conditions stated in it.
3. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and without my medical or legal rights being affected.
4. I understand that relevant sections of my medical notes and data collected during the study may be examined by responsible individuals from the funding body or national, international regulatory authorities, or the NHS Trust where it is relevant to my taking part in the research. I give permission for these individuals to have access to my records.
5. I give consent for my GP to be contacted and informed that I am participating in this study.
6. I agree to take part in the above study

Name of patient

Date

Signature

Name of person taking consent

Date

Signature

(Copies: 1 for patient/1 hospital notes/ 1 research file)